

Montana WWAMI "Montana's Medical School" 1/20/11

Mr. Chairman and members of the committee, for the record my name is Jay Erickson and I have been a practicing Family Physician in Whitefish for the past 20 years. For the past 7 year I have served as the Clinical Dean for the Montana WWAMI program "Montana's Medical School." The Montana WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) program started as a partnership with the University of Washington School of Medicine and the state of Montana to provide access to 20 Montana students to be educated through the WWAMI partnership model.

We are currently experiencing a physician workforce shortage across Montana, in the northwest region and nationally – and therefore should continue on the path of "growing our own" physicians in the WWAMI partnership. Given the fact that Montana is surrounded by other states with acute health professions shortages, it is unlikely that we will be able effectively recruit doctors to work in Montana -we must train our own to assure adequate physician coverage in Montana.

The current numbers are sobering, we have a primary care workforce shortage: 54/56 Montana counties are federally designated in part or total as primary care shortage areas. Currently we are short a total of 53 primary care providers in those counties. There are 11 counties in Montana with no physicians.

Increased utilization of services- currently 14% of our state population is 65 or older. By 2025 it is estimated that 25% of our population will be 65 or older, ranking Montana as third in the nation in the proportion of its state as elderly.

Aging physician population- 45% of Montana's physicians are 55 or older- one of the oldest physician workforces in the nation

When the WWAMI program began in 1973 there were 5 overriding goals to the program, let's review.

(1) Admit more Montana students to medical school.

- Prior to the WWAMI program in 1973, Montana students had few options for access to publically funded medical school seats. Montana admits 20 students to the WWAMI program, with a 55% WWAMI student inclusive return rate.
- Since the initiation of the Montana WWAMI program in 1973 population growth in Montana has exceeded 36% without a concomitant expansion in the number of WWAMI (20 seats).
- Montana is ranked 43rd in the nation in regard to the number of medical school seats/100,000.
- This year 56 Montana residents started medical school at one of 130 medical schools in the US. This means we shipped 36 of Montana's best and brightest to an out-of-state medical school with no ties to Montana.

(2) Train more primary care physicians.

- The WWAMI program has been recognized as the # 1 primary care medical school in the country for the last 15 years by U.S News and World Report, with greater than 50% of its graduates choosing a primary care specialty in Montana.

(3) Bring the resources of the University of Washington School of Medicine to the citizens and communities of Montana.

- 20 Montana WWAMI students spend their first year at MSU in Bozeman
- Over 30 WWAMI students spend a month after the first year in a rural or underserved site in MT
- There are 25 required clerkship experiences in Montana; with over 100 WWAMI students rotating through these clerkship experiences in this coming year.
- The Montana Track allows up to 12 WWAMI students to spend their entire third year in either Billings or Missoula
- In the third year up to seven WWAMI students have the opportunity to spend 5 months doing a rural experience in: Libby, Lewistown, Helena, Shelby, Miles City, Dillon and Butte.
- The Montana Family Medicine Residency in Billings is increasing from 6 to 9 residents yearly over the next 3 years and Missoula is planning a Family Medicine program with 6 residents yearly to start in 2013.
- Over 290 Montana WWAMI clinical faculty (1/8 of practicing physicians in the state)

(4) Redress the maldistribution of physicians by placing more physicians in the rural areas of each state.

- The initiation of the Montana TRUST (Targeted Rural Underserved Track) in 2008 strives to alleviate the shortage of primary care and other needed specialties in the rural and underserved areas of the state.
- Five of the 20 Montana WWAMI students each year are admitted into this longitudinal program aimed at encouraging Montana WWAMI students to choose a needed specialty and return to the rural and underserved areas of Montana.

(5) Avoid capital costs of building a new medical school.

- The cost of establishing a standalone medical school is sizeable (>\$150 million).
- The US average of state support per medical student is \$115,874 while the state of Montana supports each Montana WWAMI student at \$44,820.
- Of the dollars spent by the state of Montana to support the Montana WWAMI program yearly, 50% of those dollars are spent back in the state of Montana.

For the past 37 years the Montana WWAMI program has offered Montana residents a world class medical education in a value driven fashion. This is the fourth legislative session that I have represented the Montana WWAMI program. As I crisscross the state and talk with clinics and hospitals about current workforce needs I realize the importance of the WWAMI program in helping meet that need. But I really worry as I look towards these physician workforce needs 10 or 15 years down the road. I would not be representing the health care needs of Montanans if I did not advocate for expansion of the WWAMI program to 30 seats with an expansion of our rural and underserved TRUST program to 15 of those seats. Thank you.

MONTANA TRUST -Targeted Rural and Underserved Track

